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disabilities. Some of them are persistent mental illness types of disabilities, and there's all kinds. But to preface this a bit let me just read you a little bit from her letter. She says: we currently face a crisis for our citizens who reside in assisted-living facilities and have no sufficient outside income and rely on a combination of their SSI and state supplement AB...AABD to pay for their care. Many, but not all of these individuals, have severe persistent mental illness. As of December 1999, approximately 806 Nebraskans were in assisted living under the AABD waiver program. And, incidentally, there is some dispute about that number. It may even be higher, but it's a very complicated explanation I have discovered because of the different licensing procedures. But anyway, what the combined funds given through SSI and AABD by the state to the provider amount to about \$722 per month, or \$23.74 a day. Now think about that, \$23.74 a day. The provider must supply, under this daily rate for 365 days 24 hours a day, staff, three meals and a snack, activities, adequate physical environment, household furnishings, housekeeping, assistance with daily living skills, transportation, medication monitoring, recordkeeping and compliance with all of the other interrelated regulatory agency requirements for assisted-living facilities. She says, let me give you two examples to consider when you look at the rate issue. First, state employees are given \$33 a day per allowance just for food when they come to Lincoln, Nebraska, for meetings. Second, she says I would be hard pressed to find a motel or hotel that charges less than \$24 per day for lodging. I wonder where she finds those \$24 per day. She also goes on to say that as providers we must deal in a very real world of providing care, understanding, concern, shelter, food, et cetera. We do all of this for a dollar per hour under the current rate. The next time you go out, try getting a baby-sitter for your child at that rate. When these individuals have a crisis, she says, I have found in my 30-plus years of experience that the staff of the provider is first to respond and deal with the crisis. If the goal of providers, like the Paxton and the O.U.R. Homes facility, is to limit the frequency and severity of relapse of our residents, then I think we have done an excellent job. We have never placed financial reward above our responsibility to improve the quality of life of our residents. Unfortunately, the Paxton now faces the very real possibility of closure by May 2000 if they cannot receive the